



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

GUSTO SHIPPING S.A.

Plaintiff,

-V-

SITARA SHIPPING LIMITED

Defendant.

**CERTIFICATE OF MAILING**

07 CV 9889 (BSJ)

I, J. Michael McMahon, Clerk of Court for the Southern District of New York, do hereby certify that on the

**22<sup>ND</sup> Day of January, 2008**

I served the

Summons & Verified Complaint

pursuant to the Federal Rule of Civil Procedure 4 (f) (2) (C) (ii) filed and issued herein on the,

**8<sup>th</sup> Day of November, 2007**

by mailing via DHL Worldwide Express, pick up scheduled for 500 Pearl Street, New York, N.Y., a copy of each thereof, securely enclosed in a DHL Express Envelope with a prepaid international air bill addressed to:

See attached for listing of Defendants

DHL Express International Waybill Tracking Number:

**740 5070 632**

  
CLERK

Dated: New York, NY

GEORGE B. FREEHILL  
 WILLIAM L. JUSKA, JR.  
 JAMES L. ROSS\*  
 ERIC E. LENCK  
 JOHN J. WALSH\*  
 PATRICK J. BONNER\*  
 PETER J. GUTOWSKI  
 MARK F. MULLER  
 WAYNE D. MEEHAN\*  
 DON P. MURNANE, JR.Δ  
 THOMAS M. RUSSO  
 THOMAS M. CANEVARI †  
 MICHAEL FERNANDEZ\*  
 JOHN F. KARPOUSIS\*Δ  
 MICHAEL E. UNGER\*†  
 WILLIAM J. PALLAS\*  
 GINA M. VENEZIA\*Δ  
 LAWRENCE J. KAHN\*  
 BARBARA G. CARNEVALE\*  
 MANUEL A. MOLINA  
 JUSTIN T. NASTRO\*  
 PAMELA L. SCHULTZ\*\*†  
 DANIEL J. FITZGERALD\*†Δ  
 MICHAEL C. ELLIOTT\*  
 JAN P. GISHOLT†

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 DARIEN, CT 06820-4538  
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 FACSIMILE: (203) 358-8377

January 22, 2008

Our ref: 501-07/PJG/PLS

\*ALSO ADMITTED IN NEW JERSEY  
 †ALSO ADMITTED IN CONNECTICUT  
 ΔALSO ADMITTED IN WASHINGTON, D.C.  
 \*ALSO ADMITTED IN LOUISIANA

**BY HAND**

<b>DHL</b> Process and Track your shipment online: <a href="http://www.dhl.com">http://www.dhl.com</a> 1-800-CALL-DHL in USA only		<b>INTERNATIONAL SHIPMENT WAYBILL</b> (Non-negotiable)		740 5070 632	8/29/07 3												
<b>1 Payer account number and shipment value protection details</b> Charge to: <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd Party Payer Account No. _____ Shipment Value Protection (see reverse) <input type="checkbox"/> Yes Declared Value for Carriage (in US \$) _____ <small>Not all payment options are available in all countries.</small>				<b>8 Products &amp; Services</b> <input type="checkbox"/> International Express Envelope <input type="checkbox"/> Non-Dutiable (International Document Service) <input type="checkbox"/> Dutiable (Worldwide Priority Express) <input type="checkbox"/> Other _____ <b>Service Options</b> (extra charges may apply) <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pickup <input type="checkbox"/> Delivery Notification <input type="checkbox"/> Signature Required <b>Global Mail</b> <input type="checkbox"/> Int. Priority <input type="checkbox"/> Int. Standard <input type="checkbox"/> IPA <input type="checkbox"/> ISAL <input type="checkbox"/> Dom. Priority <input type="checkbox"/> Dom. Standard <input type="checkbox"/> Other _____													
<b>2 From (Shipper)</b> Shipper's Account Number: 767514858 Contact Name: PAMELA L. SCHULTZ Shipper's Reference (up to 35 characters): 501-07/PJG/PLS Company Name: FREEHILL HOGAN & MAHAR Address: PETER MCCARTHY 24TH FLOOR, 80 PINE ST FL 24, NEW YORK, NY Post/ZIP Code (required): 100051759 Phone, Fax, or E-mail (required): (212) 425-1900		<b>4 Shipment Details</b> <table border="1"> <tr> <th>Total number of packages</th> <th>Total Weight</th> <th>Pieces</th> <th>Length</th> <th>Width</th> <th>Height</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>		Total number of packages	Total Weight	Pieces	Length	Width	Height	1	1	1	1	1	1	<b>5 Full Description of Contents</b> Give Content and Quantity REGAL DRESS	
Total number of packages	Total Weight	Pieces	Length	Width	Height												
1	1	1	1	1	1												
<b>3 To (Receiver)</b> Company Name: Sahara Shipping Limited Contact Person: _____ Delivery Address (DHL Cannot Deliver to a PO Box): Esplanade School Bldg., 3rd floor, 160 P.N. Road, Fort Mumbai, Maharashtra Country: India Post/ZIP Code (required): 400 001 Phone, Fax, or E-mail (required): 404 224647209		<b>6 Dutiable Shipments Only (Customs requirement)</b> Attach the original and four copies of a Proforma or Commercial Invoice. Export License No./Symbol (if applicable) _____ Receiver's VAT/GST or Shipper's EIN/SSN _____ Declared Value for Customs (in US \$) _____ Schedule B Number / Harmonized Code (if applicable) _____ AES TRANSACTION NUMBER _____ TYPE OF EXPORT: <input type="checkbox"/> Permanent <input type="checkbox"/> Repair/Return <input type="checkbox"/> Temporary Destination Duties/Taxes: If left blank, Receiver pays duties/taxes. <input type="checkbox"/> Receiver <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Other _____		<b>7 Shipper's Authorization (signature required)</b> I/we agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment Value Protection is available on request, for an extra charge. I/we agree to pay all charges if the recipient or 3rd party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH. Signature (required): _____ Date: 1 / 22 / 08													
<b>8 DIMENSIONAL/CHARGEABLE WEIGHT</b> lbs		<b>SERVICES</b> Drop Box # _____ TOTAL _____ TRANSPORT COLLECT STICKER No. _____ PAYMENT DETAILS (Check, Card No.) No.: _____ Type: _____ Expires: _____ PICKED UP BY Route No. _____ Time: _____ Date: _____		DHL Express (USA), Inc., 1200 South Pine Island Road, Plantation, Florida 33324 Shipper's Copy													